	Name:	Agency/Section/Unit:
ap Yo	ppointments of a limited duration to assist with	ncies may establish temporary, non-permanent h work of a temporary nature or work overloads and accept the conditions of this temporary, non-
ap		derstand that I am accepting a temporary, non- the agency has the discretion to extend this terminate this appointment at any time for any
hc ne	olidays. I understand that in the event the	entitled to state benefits, leave earning or paid appointing authority determines that a layoff is ocation to another position and this appointment
fu	•	this temporary, non-permanent appointment. employed in such a temporary, non-permanent
	Employee Printed or Typed Name:	
	Employee Signature:	Date
	HR Representative:	Date

**NOTE:** If you have any questions concerning these terms, please consult with your Human Resources Office.